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CONFIRMATION NO. 5832

SERIAL NUMBER 09/921,641	FILING OR 371(c) DATE 08/03/2001 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. MITEL.005A		
APPLICANTS Remi LeReverend, San Diego, CA;						
** CONTINUING DATA ***** NONE						
** FOREIGN APPLICATIONS ***** NONE						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/08/2001						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
ADDRESS 20995						
TITLE System and method for reducing hearing aid squeal						
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			